PLEASE READ A	ALL INSTRUCTIONS	S BEFORE C	OMPLETING THIS	FORM.	
APPLICATION OF STATE Sandra B. Mortham Secretary of State				IOVED ND LED	
REINSTATEMENT DIVISION OF CORPORATIONS				••••	
DOCUMENT # P96000102499			98 MAR 18 AM 11: 11		
UNICOM TRADING, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				•	
211 Alexander Palm Road Boca Raton, Florida 33432					
If above addresses are incorrect in any way, line through incorrect information and enter c 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If A			Date Incorporated or Qualifier To Do Business in Florida	12/19/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State	City & State		65-0 <u>71</u> 6742	Not Applicable	
Zip Country	Zip Count	ıtry	CERTIFICATE OF STATUS DES	IRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o			<u></u>		
Title(s) Name of Officers Street Address of Eac Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box				City / State / Zip	
D/P/S Alexeenko, Alexei	i 211 A10	xander Pai	lm Pood Poor I	Data - FI 22/22	
	- 211 RIE	Adnuel 1a.	IM KONG DOCK I	Raton, FL 33432	
				24641430 /20/9801115033 *908.75 ****908.75	
REINSTATEMENT 97-96					
			g. We	w .	
			3 18	98	
8. Name and Address of Current R	egistered Agent		9. Name and Address of New		
			ei Alexeenko		
7900 Glades Road, Sui Boca Raton, Florida		Name Alexei Alexeenko Street Address (P.O. Box Number is Not Acceptable) 211 Alexander Palm Road Suite, Apt. #, Etc.			
City State Zip Code					
Boca Raton FL 33432 10. I, being appointed the registered agent of the above named corporation, amagiliar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstalement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: A JULIA Alexei Alexenho 03.09.98 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #					
Alexei Alexeenko, President					